| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  |                |   |                                  |   |                       |                      |                     |           |                        | Application or Docket Number 10 517 499 |                |                        |                        |
|--|----------------|---|----------------------------------|---|-----------------------|----------------------|---------------------|-----------|------------------------|---|----------------|------------------------|------------------------|
|  |                | CLAIMS /                                  | AS FILED -  <br>(Column          |   | (Column 2)            |                      |                     | SMALL ENT | mr                     | OR                                      | OTHER<br>SMALL |                        |                        |
| U.S. NATIONAL STAGE FEES   |                |   |                                  |   |                       | <del></del>          |                     |           | RATE                   | FEE                                     | 1              | RATE                   | FEE                    |
| BAS  | SIC FEE        |   | SMALL ENT.                       | <b>- \$</b> 150   | LARC                  | GE EN                | 7. = \$ 300         |           | BASIC FEE              |   | OR             | BASIC FEE              | 300                    |
| EXA  | MINATION FE    | Æ   | Satisfies PCT Art<br>(4) = \$507 |   |                       | Oner site<br>3 100/1 | sations =<br>\$ 200 |           | ÉXAM. FEE              |   |                | EXAM FEE               | 200                    |
| SEARCH FEE   |                |   | ALL other cour                   | U.S. is ISA = \$50/\$100<br>ALL other counties =<br>\$200/\$400 |                       |                      | sations =<br>3 500  |           | SEARCH FEE             |   |                | SEARCH FEE             | 500                    |
| FEE  | FOR EXTRA S    | IPEC. PGS.                                | minu                             | minus 100 =   |                       |                      | ) =                 |           | X \$ 125 =             |   |                | X \$ 250 =             | -                      |
| TOTAL CHARGEABLE CLAIMS  |                |   | 16 min                           | /6 minus 20 =   |                       |                      |                     |           | X \$ 25 =              |   | OR             | X \$ 50 =              | /                      |
| INDI   | EPENDENT CL    | AIMS                                      | 9 m                              | 5 minus 3=  |                       | . 2                  |                     |           | X \$ 100 =             |   | OR             | X \$ 200 =             | 240                    |
| MUL  | TIPLE DEPEN    | DENT CLAIM PRE                            | ESENT                            | SENT  |                       |                      |                     |           | +\$ 180 =              |   | OR             | +\$360=                | 1                      |
| . H  | the difference | in column 1 is l                          | less than zero.                  | enter 1   | 0" in column 2        |                      |                     | , .       | TOTAL                  |   | OR             | TOTAL                  |                        |
|  | 10/14          | (Cotur                                    | PART II (Column 2) (Column 3)    |   |                       |                      | SMALL ENTITY        |           |                        | OTHER THAN<br>OR SMALL ENTITY           |                |                        |                        |
| NT A   |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HEST<br>HEER<br>OUSLY<br>FOR                                    |                       | RESENT<br>ENTRA      |                     | RATE      | ADOI-<br>TIONAL<br>FEE | ·                                       | RATE           | ADDI-<br>TIONAL<br>FEE |                        |
| AMENDMENT  | Total          | 18  | Minus                            | -2  | 0                     | •                    |                     |           | X \$ 25 =              |   | OR             | X \$ 50 =              |                        |
| AME  | Independent    | .5  | Minus                            | -5  | )                     | 2                    |                     |           | X \$ 100 =             | /                                       | OR             | X \$ 200 =             |                        |
|  | FIRST PRES     | SENTATION OF M                            | AUTIPLE DEPE                     | NOENT   | CLAIM                 |                      | D                   |           | +\$ 180=               |   | OR             | +\$ 360/               |                        |
|  |                |   |                                  |   |                       |                      |                     |           | YOTAL ADDIT.<br>FEE    |   | OR             | TOTAL ADDIT.           |                        |
| (Column 1) (Column 2) (Column 3)   |                |   |                                  |   |                       |                      |                     |           |                        |   |                |                        |                        |
| ENT B  | 5/30/07        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUME<br>PREVIO<br>PAID                                  | IEST<br>IBER<br>OUSLY | PR                   | RESENT              |           | RATE                   | ADDI-<br>TIONAL<br>FEE                  |                | RATE                   | ADDI-<br>TIONAL<br>FEE |
| OME  | Total          | . 16                                      | Minus                            | - B   | 10                    | <b>5</b>             | 7                   |           | X \$ 25 =              |   | OR             | X \$ 50 =              |                        |
| AMENDA   | Independent    | . 5                                       | Minus                            | ··· e   | 5                     | -                    |                     |           | X \$ 100 =             |   | OR             | X \$ 200 =             |                        |
|  | FIRST PRES     | ENTATION OF M                             | ULTIPLE DEPE                     | MOENT (   | CLAIM                 | 7                    |                     |           | + \$ 180 =             |   | OR             | + \$ 360 =             |                        |
|  |                |   | -                                |   |                       |                      | -                   |           | TOYAL ADOIT.<br>FEE    |   | OR             | YOTAL ADDIT.<br>FEE    | ـــــ                  |
|  |                |   |                                  |   | •                     |                      |                     |           |                        |   |                |                        |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 2. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". "" If the "Highest Number Praviously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is column 2. |                |   |                                  |   |                       |                      |                     |           |                        |   |                |                        |                        |